

CITY OF CHATTANOOGA  
APPLICATION FOR BUILDING PERMIT  
DIVISION OF INSPECTION  
(423) 757-5105

Permit No. **B-** \_\_\_\_\_  
Job No. \_\_\_\_\_  
Date \_\_\_\_\_ Permit Fee \$ \_\_\_\_\_  
Double Fee, if applicable \$ \_\_\_\_\_  
Adm. Charge \$5.00 — Total Fee \$ \_\_\_\_\_

STATE TAX MAP NUMBER		
Map	Group	Parcel
<b>PROPERTY LOCATION</b>		
Street Number _____		Lot / Apt. Number _____
Street Name _____		Street Type _____
Zip Code _____	Direction _____	
<b>OWNER INFORMATION</b>		
Name _____		
Street Address _____		
City _____	State _____	Zip Code _____
Area Code _____	Phone Number _____	
Ownership is: <input type="checkbox"/> Private <input type="checkbox"/> Public (Government)		
<b>OCCUPANT INFORMATION</b>		
Name _____		
Area Code _____	Phone Number _____	
<b>TYPE OF WORK</b>		
1. <input type="checkbox"/> NEW CONSTRUCTION      4. <input type="checkbox"/> DEMOLITION		
2. <input type="checkbox"/> ALTERATION      5. <input type="checkbox"/> MOVE		
3. <input type="checkbox"/> REPAIR/REPLACE      6. <input type="checkbox"/> ADDITION		
<b>PROPERTY OCCUPIED/USED AS</b>		
1. <input type="checkbox"/> INSTITUTIONAL      3. <input type="checkbox"/> INDUSTRIAL		
2. <input type="checkbox"/> RESIDENTIAL      4. <input type="checkbox"/> COMMERCIAL		
_____ No. of tenant spaces, non-residential		
_____ No. of dwelling units, if residential.		
_____ No. of buildings, if multi-family residential.		

CONTRACTOR INFORMATION		
Contract Value \$ _____		
State Lic. _____	City Bus. Lic. _____	Phone _____
Contractor Name _____		
Street Address _____		
City _____	State _____	Zip Code _____
<b>ARCH./ENGR. INFORMATION</b>		
State Lic. _____	City Bus. Lic. _____	Phone _____
Arch./Engr. Name _____		
Street Address _____		
City _____	State _____	Zip Code _____
<b>AGENT INFORMATION</b>		
Name of Agent _____		
Address of Agent _____		
City _____	State _____	Phone _____

PLANS REVIEW FEE: _____ Date Paid: _____
What is to be built installed, moved, repaired, renovated, or demolished (Explain in detail or attach general description of proposed work). _____ _____ _____
Sewer Verification _____ Septic _____ Dye Test _____
Zoning Classification: _____
Flood District: <input type="checkbox"/> No <input type="checkbox"/> Yes Elevation: _____
Historic District: <input type="checkbox"/> No <input type="checkbox"/> Yes
Overlay District: <input type="checkbox"/> No <input type="checkbox"/> Yes
Fire District: <input type="checkbox"/> No <input type="checkbox"/> Yes
P.U.D. <input type="checkbox"/> No <input type="checkbox"/> Yes
Variance Granted: <input type="checkbox"/> No <input type="checkbox"/> Yes Case No. _____
Federal Classification Code: _____ <i>(For Office Use Only)</i>
The undersigned does hereby declare that the statements contained in this document and on the reverse side hereof, are true and correct to the best of his or her knowledge, information and belief.
_____ Owner or Agent's Printed Name
_____ Owner or Agent Signature

**FOR DEMOLITION ONLY:**

**This permit shall not be valid until final approval to proceed is received from the Air Pollution Control Bureau. To avoid costly non-compliance penalties, call 668-2567 if you have any questions.**

**Per City code: Demolition shall not begin until sewer is properly capped at the property line and inspected by the City of Chattanooga's Inspection Division.**

**NOTICE** – This permit is issued with the distinct understanding that the building for which this Permit is issued is to be built in strict accordance with all adopted codes of the City of Chattanooga, Tennessee.

Persons performing construction work under this permit must observe all Federal, State and local codes.

For \_\_\_\_\_ Building Official

By \_\_\_\_\_ Date \_\_\_\_\_

**THIS DOCUMENT BECOMES THE BUILDING PERMIT WHEN SIGNED FOR OR BY THE BUILDING OFFICIAL.**